

Hepatitis

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Three different types of virus has been found:

1) type A

2) type B

3) type C

HEPATITIS A

- 1-the virus is shed in the feces and usually transmitted by the fecal- oral route
- Incubation period of virus=15- 45 days

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HEPATITIS B

it is more serious disease than hepatitis A

- it is transmitted by a parenteral route, other mode of transmission are possible
- viral particles are found in saliva, semen, vaginal secretion and breast milk

- Hepatitis B is the only type of hepatitis virus for which there is a screening test
- It is possible to detect antigens on the surface coating of the virus

The clinical course include:

- 1) a period of incubation, about 12 weeks
- 2) prodromal period

HEPATITIS C

- It is thought to be transmitted parenterally and usually results from a blood transfusion
- The incubation period is 6 weeks and the illness is usually mild
- Up to 40% of patients have persistent abnormalities in liver function test, and many progress to chronic active hepatitis

Screening test for hepatitis

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- Hepatitis B surface antibody (anti- HBs)
- Hepatitis B surface antigen (

MEDICAL EVALUATION OF PATIENT WITH VIRAL HEPATITIS

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◎ Preventive measures against transmission:

◎ - wash hands thoroughly

◎ - do not share toilet or personal items

◎ - handle blood and secretions carefully

◎ - avoid intimate contact

◎ Rest and supportive care

Dental evaluation of patients

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- All patient with history of hepatitis or jaundice should have laboratory tests
- Laboratory testing:
 - - liver function test(SCOT ,SGPT)
 - - Hepatitis surface B antigen
 - - hepatitis antibody titer
 - - prothrombin time

Dental management of the patient with viral hepatitis

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- Patient at low risk:
- - normal dental protocol with the simple addition of mask and gloves for the dentist and assistant

Patient at high risk

- 1- appointment is sheduled at the end of the day to allow the appropriate precautuions and sterilization
- 2- carful avoidance os exposure to blood and oral secretions
- 3- deferring of elective dental care until clinical infection has resolved

Liver cirrhosis

definition

loss of liver cells and progressive scarring as a result of severe or protracted injury

causes:

- chronic alcohol
- chronic hepatitis

complications

- Diminished capability to synthesize protein, albumin, lipoprotein and clotting factors
- Diminished ability to detoxify toxic substances and metabolites
- Portal hypertension, splenomegaly and platelet sequestration

Dental management of the patient with liver cirrhosis

- Avoid use of all antiplatelet drugs:
 - - aspirin compounds
 - - NSAIDs
- Minimize use of all sedatives and tranquilizers

- Manage defects in hemostatic mechanism:
- 1) if patient's PT is elevated but less than 1,5 times control value :
 - - non surgical and simple surgical procedures = normal protocol with strict attention to hemostasis
 - - moderate and advanced surgery = hospitalization

- 2) If patient's PT is greater than 1,5 times control value:
- - all surgery requires fresh frozen plasma correction of PT to under 1,5 times control value, probable hospitalization

- ◎ 3) if patient has mild thrombocytopenia
- ◎ (platelet count 50,000-100,000 /mm³) :
- ◎ - nonelective surgical
procedures, normal protocol with strict
attention to hemostasis
- ◎ - severe surgery= platelet
transfusion, probable hospitalization required

- 4) if patient has severe thrombocytopenia
- (platelet count $< 50,000\text{mm}^3$) :
- all mandibular nerve block,prophylaxis ,scaling,curettage and any operative procedures involving even minor gingival trauma,and all surgery require platelet transfusion and hospitalization
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Laboratory test and their significance

- 1)Serum glutamic-oxaloacetic transaminase (SGOT):
 - Normal value=10- 150mU/ml
 - Increased : hepatitis and liver disease
- 2)serum glutamic pyruvic transaminase (SGPT)
 - Normal value= 6-36 mU/ml
 - Increased : liver diseases and hepatitis